

EXHIBIT D

From: rebecca.lipes@amwins.com
To: aseener@smis.com
Cc: mmisuraca@smis.com; Marlene.Tucker@amwins.com
Subject: Financial Processing Services, LLC - Quote (Renewal of ESC71991)
Date: Wednesday, May 5, 2021 2:54:05 PM
Attachments: [FeeDisclosure QUO 1 AXISurplusInsuranceCompany.pdf](#)
[Quote #5369164-1.pdf](#)
[SurplusLinesDisclosure AXISurplu 53691641 .pdf](#)
[21-22 Landowners Supp Signed.pdf](#)
[AmWINS Access - Habitational Supplement - 10.29.19.pdf](#)
[State Packet - MO.pdf](#)

Dear Ami:

Please find the attached quotation for Financial Processing Services, LLC. Here is a summary of the terms and conditions:

INSURED: Financial Processing Services, LLC
MAILING ADDRESS: 12647 Olive Blvd Ste 510
 Saint Louis, MO 63141
CARRIER: AXIS Surplus Insurance Company (Non-Admitted)
PROPOSED POLICY PERIOD: From 6/1/2021 to 6/1/2022
 12:01 A.M. Standard Time at the Mailing Address shown above
LINE OF BUSINESS: General Liability
QUOTE EXPIRATION DATE: This quotation is valid for 30 days.
POLICY PREMIUM:

Premium	\$1,905.00
Fees	\$370.00
Surplus Lines Taxes and Fees	\$113.75
Total	\$2,388.75

TRIA OPTIONS: TRIA can be purchased for an additional premium
MINIMUM EARNED PREMIUM: 25%
COMMISSION: 11.000% of premium excluding fees and taxes
SUBJECTIVITIES: See attached

SURPLUS LINES TAX SUMMARY

HOME STATE: Missouri

PREMIUM ALLOCATION:

State	Premium	Percentage
Missouri	\$1,744.00	91.549%
Illinois	\$161.00	8.451%
Total	\$1,905.00	100.000%

FEES:

Fee	Taxable	Amount
Amwins Service Fee	Yes	\$370.00
Total Fees		\$370.00

SURPLUS LINES TAX CALCULATION:

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Missouri	Surplus Lines Tax	\$1,905.00	\$370.00	\$2,275.00	5.000%	\$113.75
Total Surplus Lines Taxes and Fees						\$113.75

Important Notice: Surplus Lines Tax Rates and Regulations are subject to change which could result in an increase or

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decrease of the total Surplus Lines Taxes and Fees owed on this placement. If a change is required, we will promptly notify you. Any additional taxes owed must be promptly remitted.

The attached Quotation from the carrier sets forth the coverage terms and conditions being offered. Please review carefully with your client as terms and conditions may differ from those requested in your submission. It is your responsibility to ensure the quoted coverage terms and conditions are sufficient to meet your client's coverage needs.

If after reviewing you should have any questions or requested changes, please let us know as soon as possible so we can discuss with the carrier prior to the effective date of coverage.

For financing options please contact Southbay Acceptance Finance Company (800) 393-2012 contact@sbac-finance.com or by visiting www.SBAC-finance.com.